

**KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT  
DIVISION OF ENVIRONMENT  
BUREAU OF WASTE MANAGEMENT  
TOPEKA, KS 66612-1366**

**For Permit to Construct, Alter, or Operate a Solid Waste Disposal Area or Solid Waste Processing Facility**

**BUSINESS CONCERN DISCLOSURE STATEMENT FORM I**

**PART I. IDENTIFICATION DATA**

All permit applicants must complete this section.

1. **Firm Name** \_\_\_\_\_

2. **Past Names of Business Concern.** List all names under which firm has been known or done business in the past.

Name

Used From (year) to (year)

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3. **Address of Principal Office.** State the current address where business is actually conducted. Do not give a post office number.

Number and Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different from street address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. **Past Addresses of Firm.** List all addresses of past locations of the business concern's principal office.

Address

Principal Office From (year) To (year)

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5. **Firm Telephone Number.** (\_\_\_\_) \_\_\_\_\_ **Firm Fax Number** (\_\_\_\_) \_\_\_\_\_

6. **Federal Employer Identification Number (FEIN).** \_\_\_\_\_

7. **Form of Business Concern.** Check one:

G sole proprietorship   G trust   G joint venture   G corporation   G partnership   G limited partnership

G other(describe) \_\_\_\_\_

8. **Date of Organization.** State when the business concern was established (date of incorporation, partnership agreement, etc.). \_\_\_\_\_

9. **Facilities Currently Operating in Kansas.** List all locations in the State of Kansas at which the business concern is currently operating any aspect of its solid waste or hazardous waste business\*, or is generating hazardous waste (except as a small quantity generator).

Address Type of Facility EPA Facility I.D. No. (if any)

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10. **Former Facilities in Kansas.** List all locations in the State of Kansas at which the business concern formerly operated any aspect of a solid waste or hazardous waste business\*, including any location owned or operated by any predecessor of the business concern, or by any owner, partner, director, officer, key employee, or stockholder owning more than five percent (5%) of equity.

Address Type of Facility In Use From (year) To (year) EPA Facility I.D. No.

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11. **Facilities in Other Jurisdictions.** List all locations in any state, district or territory of the United States, other than Kansas, or in any foreign country, at which the business concern is currently operating any aspect of its solid or hazardous waste business.

Address Type of Facility EPA Facility I.D. No.(if any)

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12. **Former Facilities in Other Jurisdictions.** List all locations in any state, district, or territory of the United States, other than Kansas, or in any foreign country, at which the business concern formerly operated any aspect of a solid or hazardous waste business\*, and any location at which such a business was owned or operated by any predecessor of the business concern, or by any owner, partner, director, officer, key employee, or stockholder owning more than five percent (5%) of equity.

Address Type of Facility From (year) To (year) Permit No. Name of Issuing Agency

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#### **PART IA. CORPORATE BUSINESS CONCERN DATA**

This section is to be completed only by corporations

- 1a. **Name of Corporation.** State the complete name of the corporation as filed with the Secretary of State.

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- 2a. **Registered Agent.** Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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\* Solid or hazardous waste business includes any location or facility where solid or hazardous waste is treated, stored, or disposed of; transfer stations; terminals or business offices of collector/haulers or transporter operations; sanitary landfills; dumps; etc. Any solid or hazardous waste management activities which are no longer permitted or were never under permit are included.

- 3a. **Past Corporate Names.** List all names by which corporation has been known.  
Name Used From (year) to (year)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 4a. **Trade names.** List all names under which the corporation has done business or held itself out to the public as doing business. Include names of divisions, and "trading as" or "doing business as" names.  
Name Used From (year) to (year)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 5a. **Date and Place of Incorporation.**
- Date Place (state, etc.) Certificate of Incorporation File No.
- \_\_\_\_\_
- 6a. **Authority to do Business in Kansas.** If not a Kansas corporation, state the following facts from the Certificate of Authority to Transact Business in Kansas.
- Date \_\_\_\_\_ Name of Kansas Registered Agent \_\_\_\_\_
- Folder No. \_\_\_\_\_ Address of Kansas Registered Office \_\_\_\_\_
- 7a. **Directors.** Provide the following information about each director of the corporation.
- |                      |       |       |       |
|----------------------|-------|-------|-------|
| <u>Name</u>          | _____ | _____ | _____ |
| <u>Bus. Address</u>  | _____ | _____ | _____ |
|                      | _____ | _____ | _____ |
| <u>Election Date</u> | _____ | _____ | _____ |
| <u>Date of Birth</u> | _____ | _____ | _____ |
| <u>Soc. Sec. No.</u> | _____ | _____ | _____ |
- 8a. **Officers.** Provide the following information about each officer of the corporation.
- |                      |       |       |       |
|----------------------|-------|-------|-------|
| <u>Name</u>          | _____ | _____ | _____ |
| <u>Bus. Address</u>  | _____ | _____ | _____ |
|                      | _____ | _____ | _____ |
| <u>Office</u>        | _____ | _____ | _____ |
| <u>Election Date</u> | _____ | _____ | _____ |
| <u>Date of Birth</u> | _____ | _____ | _____ |
| <u>Soc. Sec. No.</u> | _____ | _____ | _____ |

- 9a. **Former Officers and Directors.** Provide the following information about each person who was an officer or director of the corporation at any time during the last ten (10) years and is not listed in Items #7a or #8a above.

<u>Name</u>	_____	_____	_____
<u>Last Known Address</u>	_____	_____	_____
	_____	_____	_____
<u>Position Held</u>	_____	_____	_____
<u>Dates in Office</u>	_____	_____	_____
<u>Date of Birth</u>	_____	_____	_____
<u>Soc. Sec. No.</u>	_____	_____	_____

**PART IB. PARTNERSHIP/JOINT VENTURE DATA**

This section to be completed only by partnerships or joint ventures

- 1b. **Name.** State the complete name of the partnership or joint venture.

\_\_\_\_\_

- 2b. **Form of Entity.** Check one.      ☐ joint venture      ☐ general partnership      ☐ limited partnership

- 3b. **Participants.** Provide the following information about each partner or joint venturer.

General Partners

<u>Name</u>	_____	_____	_____
<u>Bus. Address</u>	_____	_____	_____
	_____	_____	_____
<u>Positions Held</u>	_____	_____	_____
<u>Date of Birth</u>	_____	_____	_____
<u>SSN or FEIN</u>	_____	_____	_____

Limited Partners

<u>Name</u>	_____	_____	_____
<u>Bus. Address</u>	_____	_____	_____
	_____	_____	_____
<u>Positions Held</u>	_____	_____	_____
<u>Date of Birth</u>	_____	_____	_____
<u>SSN or FEIN</u>	_____	_____	_____

Joint Venturers

<u>Name</u>	<hr/>	<hr/>	<hr/>
<u>Bus. Address</u>	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
<u>Positions Held</u>	<hr/>	<hr/>	<hr/>
<u>Date of Birth</u>	<hr/>	<hr/>	<hr/>
<u>SSN or FEIN</u>	<hr/>	<hr/>	<hr/>

**PART IC. MISCELLANEOUS BUSINESS CONCERN DATA**

Complete this form if the business concern is organized in a form other than a sole proprietorship, corporation, partnership, or joint venture, such as a trust or association.

1c. **Name.** State the complete name of the business concern. 

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2c. **Business Form.** Describe how the business concern is organized and under what legal authority it was established.

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3c. **Owners/Officers/Etc.** Provide the following information about each person that owns, controls, or is an officer or trustee of the business concern.

<u>Name</u>	<u>Bus. Address</u>	<u>Position</u>	<u>Date of Birth</u>	<u>SSN or FEIN</u>
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**PART II. OWNERSHIP AND DEBT LIABILITY OF THE BUSINESS CONCERN**

All permit applicants must complete this section.

**Equity**

13. **Privately Held Concerns.**

a) List all persons\* currently holding equity in the business concern.

\***Name** 

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 **Bus. Address** 

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**Birth Date** 

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 **Soc. Sec. No.** 

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 **Equity type** 

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 **% of Equity held** 

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\* "person," in this disclosure statement, refers to natural persons, individuals, trustees, legal representatives, or receivers.

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

b) List all business concerns\* currently holding any equity in the business concern.

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Fed. Employer ID No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Fed. Employer ID No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Fed. Employer ID No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

14. **Publicly Traded Corporations.** If the business concern is a publicly traded corporation:

a) Indicate how corporation stock is traded. Listing Symbol \_\_\_\_\_

\_\_\_\_\_ NYSE \_\_\_\_\_ AMEX \_\_\_\_\_ Over the Counter \_\_\_\_\_ Other exchanges (list) \_\_\_\_\_

b) List all persons holding more than five percent (5%) of the total equity of the corporation.

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

c) List all business concerns currently holding more than five percent (5%) of the total equity in the business concern.

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Fed. Employer ID No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Fed. Employer ID No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Fed. Employer ID No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

**Debt Liability**

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\* "business concern," in this disclosure statement, refers to an enterprise which carries on commercial or industrial activity for gain or livelihood.

15. **Debt Liability to Chartered Lending Institutions.** Provide the following information about your debt liability held by state or federally chartered institutions. If you are in doubt whether your lender is chartered, check with your lender or with the banking authority in your state.

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Type of Debt \_\_\_\_\_ Date Created \_\_\_\_\_ Original Amount \_\_\_\_\_ Present Balance \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Type of Debt \_\_\_\_\_ Date Created \_\_\_\_\_ Original Amount \_\_\_\_\_ Present Balance \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Type of Debt \_\_\_\_\_ Date Created \_\_\_\_\_ Original Amount \_\_\_\_\_ Present Balance \_\_\_\_\_

16. **Privately Held Concerns.** If the business concern is privately held:

a) List all persons currently holding any debt liability of the business concern.

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Type of Debt \_\_\_\_\_ Date Created \_\_\_\_\_ Original Amount \_\_\_\_\_ Present Balance \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Type of Debt \_\_\_\_\_ Date Created \_\_\_\_\_ Original Amount \_\_\_\_\_ Present Balance \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Type of Debt \_\_\_\_\_ Date Created \_\_\_\_\_ Original Amount \_\_\_\_\_ Present Balance \_\_\_\_\_

b) List all business concerns, excluding institutions listed under Item #15, currently holding any debt liability of the business concern.

\*Name \_\_\_\_\_ FEIN \_\_\_\_\_ Bus. Address \_\_\_\_\_

Type of Debt \_\_\_\_\_ Date Created \_\_\_\_\_ Original Amount \_\_\_\_\_ Present Balance \_\_\_\_\_

\*Name \_\_\_\_\_ FEIN \_\_\_\_\_ Bus. Address \_\_\_\_\_

Type of Debt \_\_\_\_\_ Date Created \_\_\_\_\_ Original Amount \_\_\_\_\_ Present Balance \_\_\_\_\_

\*Name \_\_\_\_\_ FEIN \_\_\_\_\_ Bus. Address \_\_\_\_\_

Type of Debt \_\_\_\_\_ Date Created \_\_\_\_\_ Original Amount \_\_\_\_\_ Present Balance \_\_\_\_\_

17. **Publicly Traded Corporations.** If the business concern is a publicly traded corporation:

a) List all persons, excluding institutions listed under Item #15, currently holding more than five percent (5%) of the total debt liability of the corporation.

\*Name \_\_\_\_\_ SSN \_\_\_\_\_ Bus. Address \_\_\_\_\_

Type of Debt \_\_\_\_\_ Date Created \_\_\_\_\_ Original Amount \_\_\_\_\_ Present Balance \_\_\_\_\_

\*Name \_\_\_\_\_ SSN \_\_\_\_\_ Bus. Address \_\_\_\_\_

Type of Debt \_\_\_\_\_ Date Created \_\_\_\_\_ Original Amount \_\_\_\_\_ Present Balance \_\_\_\_\_

\*Name \_\_\_\_\_ SSN \_\_\_\_\_ Bus. Address \_\_\_\_\_

Type of Debt \_\_\_\_\_ Date Created \_\_\_\_\_ Original Amount \_\_\_\_\_ Present Balance \_\_\_\_\_

b) List all business concerns, excluding institutions listed under Item #15, currently holding more than five percent (5%) of the total debt liability of the corporation.

\*Name \_\_\_\_\_ FEIN \_\_\_\_\_ Bus. Address \_\_\_\_\_

Type of Debt \_\_\_\_\_ Date Created \_\_\_\_\_ Original Amount \_\_\_\_\_ Present Balance \_\_\_\_\_

\*Name \_\_\_\_\_ FEIN \_\_\_\_\_ Bus. Address \_\_\_\_\_

Type of Debt \_\_\_\_\_ Date Created \_\_\_\_\_ Original Amount \_\_\_\_\_ Present Balance \_\_\_\_\_

\*Name \_\_\_\_\_ FEIN \_\_\_\_\_ Bus. Address \_\_\_\_\_

Type of Debt \_\_\_\_\_ Date Created \_\_\_\_\_ Original Amount \_\_\_\_\_ Present Balance \_\_\_\_\_

### PART III. SUBSIDIARIES AND STOCK HOLDINGS

All permit applicants must complete this section.

18. **Solid or Hazardous Waste Subsidiaries or Interlocks.** Provide the following information about any business concern, in any state, territory, or district of the United States, or in any foreign country, which collects, treats, stores, or disposes of solid or hazardous waste on a commercial basis, in which the business concern holds an equity interest.

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Fed. Employer ID No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Fed. Employer ID No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Fed. Employer ID No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

19. **Other Subsidiaries and Equity Interests.** Provide the following information about any business concern in which the applicant holds an equity interest that is greater than forty-nine percent (49%) of the total equity of the company whose stock is so owned.

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Fed. Employer ID No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Fed. Employer ID No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Fed. Employer ID No. \_\_\_\_\_ Equity type \_\_\_\_\_ % of Equity held \_\_\_\_\_



20. **Corporate Family.** This question applies to related companies in any business enterprise; answers should not be limited to companies in the solid or hazardous waste business.

If the business concern is a subsidiary of a parent corporation, is the parent of one or more subsidiaries, or is part of a conglomerate or a group of companies with common ownership: Supply a chart showing the names and relationships of all parent, sister, subsidiary, and affiliate corporations, and/or members of the conglomerate or group. Show ultimate parents.

OR

If the business concern is privately held, or is a publicly traded corporation with more than twenty-five percent (25%) of its stock held by members of the same family: Supply a chart showing all other business concerns owned or controlled by members of that family.

#### PART IV. EMPLOYEE DATA

All permit applicants must complete this section.

21. **Key Employees.**

Provide the following information about all key employees of the business concern.

\*Name \_\_\_\_\_ Date Hired \_\_\_\_\_ Position \_\_\_\_\_

Bus. Address \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

\*Name \_\_\_\_\_ Date Hired \_\_\_\_\_ Position \_\_\_\_\_

Bus. Address \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

\*Name \_\_\_\_\_ Date Hired \_\_\_\_\_ Position \_\_\_\_\_

Bus. Address \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

22. **Other Employees.** Provide the following information about all employees, other than key employees, who are either:

- Employed in the physical or mechanical hazardous waste collection, transportation, storage, or disposal operations that are the subject of the business concern's Kansas permit application; or
- Employed as personal staff to any officer or key employee listed in this disclosure statement; or
- Employed in an office located at the same site as the operation which is the subject of the business concern's Kansas permit application, if the number of persons employed in that office (excluding officers and key employees) is less than twenty (20) employees.

\*Name \_\_\_\_\_ Date Hired \_\_\_\_\_ Position \_\_\_\_\_

Bus. Address \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

\*Name \_\_\_\_\_ Date Hired \_\_\_\_\_ Position \_\_\_\_\_

Bus. Address \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

\*Name \_\_\_\_\_ Date Hired \_\_\_\_\_ Position \_\_\_\_\_

Bus. Address \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

## PART V. FINANCIAL INSTITUTIONS AND FINANCIAL HISTORY

All permit applicants must complete this section.

23. **Bankruptcy or Insolvency.** Provide information below about any petition filed by or against the business concern in the past five (5) years under any provision of the Federal Bankruptcy Act or any state insolvency law.

\*Title of Action \_\_\_\_\_ Court \_\_\_\_\_ Location \_\_\_\_\_

Nature of Action \_\_\_\_\_ Date Filed \_\_\_\_\_ Status/Disposition \_\_\_\_\_

\*Title of Action \_\_\_\_\_ Court \_\_\_\_\_ Location \_\_\_\_\_

Nature of Action \_\_\_\_\_ Date Filed \_\_\_\_\_ Status/Disposition \_\_\_\_\_

\*Title of Action \_\_\_\_\_ Court \_\_\_\_\_ Location \_\_\_\_\_

Nature of Action \_\_\_\_\_ Date Filed \_\_\_\_\_ Status/Disposition \_\_\_\_\_

24. **Receivership.** Provide the following information if any receiver, fiscal agent, trustee, reorganization trustee, or similar officer has been appointed for the business concern by a court within the past five (5) years.

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Date Appointed \_\_\_\_\_ Acted until (date) \_\_\_\_\_ Appointing Court \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Date Appointed \_\_\_\_\_ Acted until (date) \_\_\_\_\_ Appointing Court \_\_\_\_\_

\*Name \_\_\_\_\_ Bus. Address \_\_\_\_\_

Date Appointed \_\_\_\_\_ Acted until (date) \_\_\_\_\_ Appointing Court \_\_\_\_\_

## PART VI. EXPERIENCE AND CREDENTIALS

All permit applicants must complete this section.

25. **Business Concern.** Describe the experience and credentials of the business concern in the collection, transportation, treatment, storage, or disposal of solid or hazardous waste.

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26. **Owner, Key employees, Directors, Officers, Partners.** Describe the experience and credentials in the solid or hazardous waste business bought by individual members of the business concern.

\*Name \_\_\_\_\_ Experience/Credentials \_\_\_\_\_

\*Name \_\_\_\_\_ Experience/Credentials \_\_\_\_\_

\*Name \_\_\_\_\_ Experience/Credentials \_\_\_\_\_

## PART VII. LICENSES AND PERMITS\* HELD

All permit applicants must complete this section.

27. **Kansas License or Permit.** Provide the following information about any Kansas Department of Health and Environment or United States Environmental Protection Agency solid waste or hazardous waste license or permit ever held by the business concern under any name.

\*Name Held Under \_\_\_\_\_ Type of License/Permit \_\_\_\_\_

Facility Location \_\_\_\_\_ Held From (year) To (year) \_\_\_\_\_

Facility Type \_\_\_\_\_ Issuing Agency \_\_\_\_\_ Reg. No./ EPA ID \_\_\_\_\_

\*Name Held Under \_\_\_\_\_ Type of License/Permit \_\_\_\_\_

Facility Location \_\_\_\_\_ Held From (year) To (year) \_\_\_\_\_

Facility Type \_\_\_\_\_ Issuing Agency \_\_\_\_\_ Reg. No./ EPA ID \_\_\_\_\_

\*Name Held Under \_\_\_\_\_ Type of License/Permit \_\_\_\_\_

Facility Location \_\_\_\_\_ Held From (year) To (year) \_\_\_\_\_

Facility Type \_\_\_\_\_ Issuing Agency \_\_\_\_\_ Reg. No./ EPA ID \_\_\_\_\_

28. **Out-of-State License or Permit.** Provide the following information about any past or present license or permit for the collection, transportation, treatment, storage, or disposal of solid or hazardous waste held by the business concern under any name in any part of the United States outside of Kansas, or in any foreign country.

\*Name Held Under \_\_\_\_\_ Type of License/Permit \_\_\_\_\_

Facility Location \_\_\_\_\_ Held From (year) To (year) \_\_\_\_\_

Facility Type \_\_\_\_\_ Issuing Agency \_\_\_\_\_ Reg. No./ EPA ID \_\_\_\_\_

\*Name Held Under \_\_\_\_\_ Type of License/Permit \_\_\_\_\_

Facility Location \_\_\_\_\_ Held From (year) To (year) \_\_\_\_\_

Facility Type \_\_\_\_\_ Issuing Agency \_\_\_\_\_ Reg. No./ EPA ID \_\_\_\_\_

\*Name Held Under \_\_\_\_\_ Type of License/Permit \_\_\_\_\_

Facility Location \_\_\_\_\_ Held From (year) To (year) \_\_\_\_\_

Facility Type \_\_\_\_\_ Issuing Agency \_\_\_\_\_ Reg. No./ EPA ID \_\_\_\_\_

## PART VII. HISTORY OF CIVIL VIOLATIONS

All permit applicants must complete this section.

29. **Kansas Violation Notices.** List and explain any Notice of Violation, Notice of Prosecution, Administrative Order or Notice of Intent to Deny or Revoke any license or permit issued to any key employee, officer, partner, subsidiary, director or any individual controlling 5% or more of the equity in the entity submitting this application within the past ten (10) years by the Kansas Department of Health and Environment for the alleged violation of any law or regulation pertaining to protection of the environment.

\* "License or permit" includes solid waste licenses, registrations, temporary operating authorizations, permits, etc.

\*Name of Entity Cited \_\_\_\_\_ Type of Notice \_\_\_\_\_ Date Issued \_\_\_\_\_

Nature of Alleged Violation \_\_\_\_\_ Location of Alleged Violation \_\_\_\_\_

Disposition \_\_\_\_\_ Explanation \_\_\_\_\_

\*Name of Entity Cited \_\_\_\_\_ Type of Notice \_\_\_\_\_ Date Issued \_\_\_\_\_

Nature of Alleged Violation \_\_\_\_\_ Location of Alleged Violation \_\_\_\_\_

Disposition \_\_\_\_\_ Explanation \_\_\_\_\_

\*Name of Entity Cited \_\_\_\_\_ Type of Notice \_\_\_\_\_ Date Issued \_\_\_\_\_

Nature of Alleged Violation \_\_\_\_\_ Location of Alleged Violation \_\_\_\_\_

Disposition \_\_\_\_\_ Explanation \_\_\_\_\_

30. **Administrative Proceedings.** List and explain any administrative actions of the Kansas Department of Health and Environment against you.

Title of Case

Disposition/Explanation


31. **Federal Violation Notices.** List and explain any Notice of Violation, Notice of Prosecution, Administrative Order or similar citation issued to any key employee, officer, partner, subsidiary, director or any individual controlling 5% or more of the equity in the entity submitting this application within the past ten (10) years by the United States Environmental Protection Agency or Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment.

\*Name of Entity Cited \_\_\_\_\_ Type of Violation \_\_\_\_\_ Date Issued \_\_\_\_\_

Nature of Alleged Violation \_\_\_\_\_ Location of Alleged Violation \_\_\_\_\_

EPA/DOT Doc. No. (if any) \_\_\_\_\_ Disposition/Explanation \_\_\_\_\_

\*Name of Entity Cited \_\_\_\_\_ Type of Violation \_\_\_\_\_ Date Issued \_\_\_\_\_

Nature of Alleged Violation \_\_\_\_\_ Location of Alleged Violation \_\_\_\_\_

EPA/DOT Doc. No. (if any) \_\_\_\_\_ Disposition/Explanation \_\_\_\_\_

\*Name of Entity Cited \_\_\_\_\_ Type of Violation \_\_\_\_\_ Date Issued \_\_\_\_\_

Nature of Alleged Violation \_\_\_\_\_ Location of Alleged Violation \_\_\_\_\_

EPA/DOT Doc. No. (if any) \_\_\_\_\_ Disposition/Explanation \_\_\_\_\_

32. **Federal Administrative Proceedings.** List and explain any administrative actions of the United States Environmental Protection Agency or Department of Transportation against you, which have been the subject of proceedings before an Administrative Law Judge.

\*Title of Case \_\_\_\_\_ Adm. Law Judge \_\_\_\_\_ Court \_\_\_\_\_

Docket No. \_\_\_\_\_ Disposition/Explanation \_\_\_\_\_

\*Title of Case \_\_\_\_\_ Adm. Law Judge \_\_\_\_\_ Court \_\_\_\_\_

Docket No. \_\_\_\_\_ Disposition/Explanation \_\_\_\_\_

\*Title of Case \_\_\_\_\_ Adm. Law Judge \_\_\_\_\_ Court \_\_\_\_\_

Docket No. \_\_\_\_\_ Disposition/Explanation \_\_\_\_\_

33. **Municipalities, Other States, Foreign Countries.** List and explain any Notices of Violation, Notices of Prosecution, Administrative Orders, Notice of Intent to Deny or Revoke a License, citations of any kind, and any similar violation notices issued to any key employee, officer, partner, subsidiary, director or any individual, controlling 5% or more of the equity in the entity submitting this application within the past ten (10) years by any municipality, state other than Kansas, or government of any foreign country, for any alleged violations of any law, regulation, or ordinance pertaining to protection of the environment, other than a motor vehicle or littering offense.

\*Name of Entity Cited \_\_\_\_\_ Type of Notice \_\_\_\_\_ Date Issued \_\_\_\_\_

Nature of Alleged Violation \_\_\_\_\_ Location of Alleged Violation \_\_\_\_\_

Disposition \_\_\_\_\_ Explanation \_\_\_\_\_

\*Name of Entity Cited \_\_\_\_\_ Type of Notice \_\_\_\_\_ Date Issued \_\_\_\_\_

Nature of Alleged Violation \_\_\_\_\_ Location of Alleged Violation \_\_\_\_\_

Disposition \_\_\_\_\_ Explanation \_\_\_\_\_

\*Name of Entity Cited \_\_\_\_\_ Type of Notice \_\_\_\_\_ Date Issued \_\_\_\_\_

Nature of Alleged Violation \_\_\_\_\_ Location of Alleged Violation \_\_\_\_\_

Disposition \_\_\_\_\_ Explanation \_\_\_\_\_

34. **Out-of-State Administrative Proceedings.** List and Explain any citation for alleged violation of environmental protection laws or regulations in any jurisdiction other than Kansas or the federal system, which have been the subject of proceedings before an administrative tribunal.

\*Title of Case \_\_\_\_\_ Docket No. \_\_\_\_\_ Tribunal Address \_\_\_\_\_

Hearing Officer \_\_\_\_\_ Disposition/Explanation \_\_\_\_\_

\*Title of Case \_\_\_\_\_ Docket No. \_\_\_\_\_ Tribunal Address \_\_\_\_\_

Hearing Officer \_\_\_\_\_ Disposition/Explanation \_\_\_\_\_

\*Title of Case \_\_\_\_\_ Docket No. \_\_\_\_\_ Tribunal Address \_\_\_\_\_

Hearing Officer \_\_\_\_\_ Disposition/Explanation \_\_\_\_\_

35. **Civil Court Litigation.** List and explain any alleged violations of environmental protection laws or regulations in any jurisdiction which have been the subject of proceedings before a civil court involving a subsidiary, key employee, officer, director, etc or any individual with 5% or greater control is applicant. List in the following order: Kansas cases, federal cases, cases in other states, cases in foreign countries. Include final administrative orders, administrative consent orders, final civil penalty adjudications, final action on bond forfeiture, settlement agreement, contempt adjudications, and judgments. Consider a determination "final" if it has been entered with consent, constitutes final agency action, or has been entered by a court, even if it is on appeal.

\*Title of Case \_\_\_\_\_ Docket No. \_\_\_\_\_ Court \_\_\_\_\_

Court Location \_\_\_\_\_ Disposition/Explanation \_\_\_\_\_

\*Title of Case \_\_\_\_\_ Docket No. \_\_\_\_\_ Court \_\_\_\_\_

Court Location \_\_\_\_\_ Disposition/Explanation \_\_\_\_\_

\*Title of Case \_\_\_\_\_ Docket No. \_\_\_\_\_ Court \_\_\_\_\_

Court Location \_\_\_\_\_ Disposition/Explanation \_\_\_\_\_

36. **Antitrust Judgments.** List and explain any judgments, consent decrees, or consent orders, pertaining to a violation or alleged violation of federal or state antitrust, trade regulation, or securities regulation laws, entered against the business concern or any key employee, officer, director, partner, or holder of more than five percent (5%) of the equity in the business concern.

\*Title of Case \_\_\_\_\_ Docket No. \_\_\_\_\_ Date of Decision \_\_\_\_\_

Court/Agency Name \_\_\_\_\_ Location \_\_\_\_\_

Nature of Order \_\_\_\_\_ Explanation \_\_\_\_\_

\*Title of Case \_\_\_\_\_ Docket No. \_\_\_\_\_ Date of Decision \_\_\_\_\_

Court/Agency Name \_\_\_\_\_ Location \_\_\_\_\_

Nature of Order \_\_\_\_\_ Explanation \_\_\_\_\_

37. **Other Judgements.** List and explain any judgment of liability (not listed in Item # 36) rendered in the past ten (10) years against the business concern or any key employee, officer, director, partner, or holder of more than five (5%) percent of the equity in the business concern.

\*Title of Case \_\_\_\_\_ Docket No. \_\_\_\_\_ Nature of Suit \_\_\_\_\_

Name & Location of Court \_\_\_\_\_

Date Filed \_\_\_\_\_ Amount of Judgment \_\_\_\_\_ Explanation \_\_\_\_\_

\*Title of Case \_\_\_\_\_ Docket No. \_\_\_\_\_ Nature of Suit \_\_\_\_\_

Name & Location of Court \_\_\_\_\_

Date Filed \_\_\_\_\_ Amount of Judgment \_\_\_\_\_ Explanation \_\_\_\_\_

38. **Pending Suits.** List and explain any civil suits in which the business concern is presently involved as a party plaintiff or defendant.

\*Title of Case \_\_\_\_\_ Docket No. \_\_\_\_\_ Nature of Suit \_\_\_\_\_

Name & Location of Court \_\_\_\_\_

Date Filed \_\_\_\_\_ Status \_\_\_\_\_ Explanation \_\_\_\_\_

\*Title of Case \_\_\_\_\_ Docket No. \_\_\_\_\_ Nature of Suit \_\_\_\_\_

Name & Location of Court \_\_\_\_\_

Date Filed \_\_\_\_\_ Status \_\_\_\_\_ Explanation \_\_\_\_\_

**VIII. CRIMINAL PROCEEDINGS**  
All permit applicants must complete this section.

39. **Convictions.** List and explain any conviction against the business concern or against any key employee, officer, director, partner, or holder of more than five percent (5%) of the equity in the business concern, for any crime or disorderly persons offense involving environmental laws or regulations committed in Kansas or any other state, federal, or foreign jurisdiction.

\*Name of Person/Entity \_\_\_\_\_ Describe Offense \_\_\_\_\_

Indictment/Information No. \_\_\_\_\_ Jurisdiction \_\_\_\_\_ Date Charged \_\_\_\_\_

\*Name of Person/Entity \_\_\_\_\_ Describe Offense \_\_\_\_\_

Indictment/Information No. \_\_\_\_\_ Jurisdiction \_\_\_\_\_ Date Charged \_\_\_\_\_

\*Name of Person/Entity \_\_\_\_\_ Describe Offense \_\_\_\_\_

Indictment/Information No. \_\_\_\_\_ Jurisdiction \_\_\_\_\_ Date Charged \_\_\_\_\_

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**IMPORTANT: THIS DOCUMENT WILL NOT BE CONSIDERED UNLESS COMPLETED IN FULL AND SIGNED**

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40. **Affidavit of Author.**

I hereby certify that I am the person who filled out or directed the filling out of the attached Business Concern Disclosure Statement in the name of the business concern.

I further certify that, as proprietor, partner, or corporate officer of the business concern named in Item #1 of this application, I have authority to sign and submit this application; and that the statements contained therein are true and correct to the best of my knowledge.

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Signature of Owner or Authorized Representative

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

My Commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**SEAL**

41. **Certifications.** This Business Disclosure Statement must be signed and certified below by the following officials of the business concern.

\*Corporations: President, Chairman of the Board or CEO, secretary, and treasurer.

\*Partnerships: All partners (general partners only in limited partnerships).

\*Sole Proprietors: The owner.

\*Any Other Business Form: Chief executive officer, secretary, and treasurer.

I hereby certify that I have examined the attached Business Disclosure Statement and that no statement or information contained herein is false, to the best of my knowledge. I am aware that I am subject to punishment if the foregoing statement made by me is willfully false.

Date \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name and Title

Date \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name and Title

Date \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name and Title

Date \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name and Title

Date \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name and Title

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### APPLICATION INSTRUCTIONS

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1. **WHO MUST COMPLETE THIS FORM.** Every applicant for or holder of a Kansas Department of Health and Environment (KDHE) solid waste permit who is required to file a disclosure statement must complete this form pursuant to K.S.A. 65-3407. Sole proprietors must complete this form and a Personal History Disclosure Form, PDF-1.
2. **WHO SHOULD FILL OUT THIS FORM.** This form may be completed by an authorized representative of the business concern named in Item #1, or by a representative of the business concern applying for or holding a KDHE solid waste permit. The author must sign and swear or affirm the truth of the Business Disclosure Statement to the best of his/her knowledge.
3. **ALL QUESTIONS MUST BE ANSWERED.** Read every question carefully before answering. Answer every question completely. Do not leave any blank spaces. If a question does not apply to you, enter "N/A" (not applicable) in the space provided. If there is nothing to disclose in answer to a particular question, enter "None" in the space provided.
4. **ANSWER COMPLETELY AND TRUTHFULLY.** Failure to answer any question completely may result in this Business Disclosure Statement being returned to you for supplementation of your answer.
5. **ADDITIONAL SPACE.** If you need additional space to answer a question, use plain 8½" x 11" paper.

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**WARNING:**  
**FRAUDULENT, DECEPTIVE, OR MISLEADING ANSWERS**  
**MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR PERMIT**

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